

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>599474</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS								*		*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							1					
2		1						3					
3		1						1					
4		1						1					
5		1						1					
6		1						1					
7		1						1					
8		1						1					
9		1						1					
10		1						1					
11		1						1					
12		1						2					
13		1						2					
14		1						2					
15		1						2					
16		1						2					
17		2						2					
18		1						2					
19		1						2					
20		1						2					
21		3						2					
22		2						2					
23		2						2					
24	1							2					
25		1						2					
26		1						2					
27		1						2					
28	1							2					
29		1						2					
30		1						2					
31		1						2					
32		3						2					
33		3						2					
34		1						2					
35		1						2					
36		3						2					
37		1						2					
38		3						2					
39		1						2					
40		3						2					
41		1						2					
42		3						2					
43		1						2					
44		3						2					
45		1						2					
46		3						2					
47		1						2					
48		3						2					
49		3						2					
50		1						2					
TOTAL IND.	4							2					
TOTAL DEP.	71							22					
TOTAL CLAIMS	75							74					